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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 011115

First Named Inventor Elliott

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Preparation and Xenotransplantation of Porcine Islets

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 1/19/2001 as United States Application Number or PCT International.

Application Number PCT/NZ01/00006 and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
502473	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
502474	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
502475	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
502476	NZ	1/20/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
502826	NZ	2/11/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
504520	NZ	5/12/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
504521	NZ	5/12/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☒Customer Number
or Bar Code Label

OR

☐

Correspondence address below

Name Jody L. Factor**Address** 1327 W. Washington Blvd., Suite 5G/H**City** Chicago**State** IL**ZIP** 60607**Country** USA**Telephone** (312) 226-1818**Fax** (312) 226-1919

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Robert Francis

Family Name

or Surname Elliott

**Inventor's
Signature****Date****Residence: City** Auckland**State****Country** New
Zealand**Citizenship** AU**Mailing Address** 45 Seaview Road, Remuera**City** Auckland**State****ZIP** 1130**Country** New Zealand**NAME OF SECOND INVENTOR:**☐

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Riccardo

Family Name

or Surname Calafiore

**Inventor's
Signature****Date****Residence: City** Perugia**State****Country** Italy**Citizenship** IT**Mailing Address** Dimisem, University of Perugia, Via E Dal Pozzo**City** Perugia**State****ZIP** 06126**Country** Italy☐

Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Gussepe		Basta	
Inventor's Signature		Date	
Residence: City Perugia	State	Country Italy	Citizenship IT
Mailing Address Dimisem, University of Pergia			
Mailing Address Via E Dal Pozzo			
City Perugia	State	ZIP 06126	Country Italy
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
504522	NZ	5/12/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
504523	NZ	5/12/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
506287	NZ	8/10/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
506337	NZ	8/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
507961	NZ	11/2/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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